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HOUSE JOINT RESOLUTION

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WHEREAS, Despite an increased focus on improving the quality of care in the United States, our nation's healthcare system often remains fractured, with misaligned payment systems, a lack of information and transparency, and gaps in care delivery; and

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WHEREAS, The healthcare marketplace has traditionally rewarded our providers for the volume of care they deliver; even though utilization of healthcare is high, there are significant differences between the healthcare that should be received and the healthcare that is actually received; those gaps result in increased costs, and in some cases, harm to patients; and

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WHEREAS, The Patient Protection and Affordable Care Act contains provisions that are facilitating a shift from volume of services provided to the value of services provided by linking provider and physician payment to quality of care and patient outcomes; and

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WHEREAS, The Institute of Medicine defines healthcare quality as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional

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1 knowledge" and has recommended that the United States
2 healthcare system be aligned to deliver care meeting 6 aims
3 critical to quality improvement, including care that is safe,
4 effective, patient-centered, timely, efficient, and equitable;
5 and

6 WHEREAS, The United States Department of Health and Human
7 Services was tasked by the Patient Protection and Affordable
8 Care Act to convene public and private stakeholders to
9 establish a National Quality Strategy focused on 6 priorities:
10 safety, care coordination, population/community health,
11 clinical care, patient and care-giver centered experience and
12 outcomes, and efficiency and cost reduction; public and private
13 entities are encouraged to align their activities to reach
14 these common aims; and

15 WHEREAS, Working from this common understanding of
16 quality, experts have developed hundreds of quality measures in
17 use today and continue to develop and refine new ones; and

18 WHEREAS, Measures of quality should be evidence-based,
19 consistent with nationally-recognized practice guidelines and
20 endorsed through a multi-stakeholder consensus-based
21 organization (i.e., National Quality Forum); and

22 WHEREAS, The trends of linking quality of care to

1 reimbursement and using quality information to inform patient
2 choices will continue to grow as they are critically important
3 to ensuring that healthcare reforms preserve and enhance the
4 quality of healthcare; and

5 WHEREAS, Evidence-based cost and quality measures will
6 help the healthcare system evolve from one rewarded for the
7 volume of services to one promoting the value of services; and

8 WHEREAS, Because medical advances occur rapidly, quality
9 measures need to be updated regularly to reflect the latest
10 medical knowledge and continuous reassessment is required to
11 avoid penalizing early adopters of care improvement and to
12 facilitate medical innovations; therefore, be it

13 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE
14 NINETY-EIGHTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE
15 SENATE CONCURRING HEREIN, that we support the application of
16 evidence-based multi-stakeholder endorsed (National Quality
17 Forum) quality measures and requirements that health plans and
18 providers report publicly on quality performance to improve
19 patient outcomes and better inform patient choices in state
20 Health Insurance Marketplaces and state-funded healthcare
21 programs, including Medicaid.